

National Health Service Corps



Chiropractor and Pharmacist Loan Repayment Demonstration Project



Fiscal Year 2003 Applicant Information Bulletin

*For inquiries specific to the National Health Service Corps (NHSC)
Demonstration Project application process, call or write:
Division of National Health Service Corps
NHSC Loan Repayment Program
c/o I.Q. Solutions
11300 Rockville Pike, Suite 801
Rockville, Maryland 20852
1-800-638-0824
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration, Bureau of Health Professions
Division of National Health Service Corps, Application and Award Branch
5600 Fishers Lane, Rm. 8A-55
Rockville, Maryland 20857



DISCRIMINATION PROHIBITED

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title IX of the Education Amendments of 1972, as amended, and its implementing regulation, 45 Code of Federal Regulations (CFR) Part 86, provide that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, and implementing regulation 45 CFR Part 84, provide that no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title III of the Age Discrimination Act of 1975, as amended, provides the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under, any program or activity receiving Federal financial assistance.

This *Applicant Information Bulletin* describes the policies governing the National Health Service Corps (NHSC) Chiropractor and Pharmacist Loan Repayment Demonstration Project (DEMO) authorized by Section 338L of the Public Health Service Act [42 United States Code 254t], as amended October 26, 2002, by Public Law 107-251, the NHSC Loan Repayment Program's (LRP) implementing regulations [42 Code of Federal Regulations Part 62, Subpart B] and NHSC LRP guidelines in effect on November, 2002. Future changes in the governing statute, the implementing regulations, and NHSC DEMO guidelines may also be applicable to your participation in the NHSC DEMO. The NHSC LRP is listed as number 93.162 in the *Catalog of Federal Domestic Assistance*.

NOTICE

PLEASE KEEP THIS *BULLETIN* FOR FUTURE REFERENCE

This *Applicant Information Bulletin* explains in detail the contractual obligations of the Secretary of the Department of Health and Human Services and the participants in the NHSC DEMO. Before signing an NHSC DEMO contract, applicants should review the entire *Bulletin* and the contract to be certain they fully understand their obligation to serve 2 years in a Primary Care health professional shortage area, and the financial consequences of failing to perform that obligation (see Section J of this *Bulletin*). **Before signing an NHSC DEMO contract, applicants may want to seek legal counsel to review the *Bulletin*, the contract and their tax liabilities.**

ALL MATERIALS SUBMITTED BECOME PROPERTY OF THE NATIONAL HEALTH SERVICE CORPS DEMONSTRATION PROJECT AND WILL NOT BE RETURNED.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Professions

NATIONAL HEALTH SERVICE CORPS

CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT DEMONSTRATION PROJECT

***FISCAL YEAR 2003
APPLICANT INFORMATION BULLETIN***

**U.S. Department of Health and Human Services
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PRIVACY ACT NOTIFICATION STATEMENT

GENERAL

This information is provided pursuant to the Privacy Act of 1974 (Public Law 94-579) of December 31, 1974, as amended, for individuals supplying information for inclusion in a system of records.

AUTHORITY

Section 338B of the Public Health Service Act.

PURPOSES AND USES

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to obtain health professionals to meet the staffing needs of the NHSC in health professional shortage areas of the United States. The information you supply will be used to evaluate your qualifications and suitability for participating in the NHSC LRP.

A participant's contract, application and related data, documentation and correspondence are maintained in a system of records to be used within the Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the General Accounting Office, pursuant to court order and various routine uses.

The name of an NHSC LRP participant, specialty, business address and telephone number, and completion date of service obligation may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

EFFECTS OF NONDISCLOSURE

Disclosure of the information sought is voluntary; however, if not submitted, except for the reply to Section I, Item H (Race/Ethnicity) on the Application for NHSC LRP, OMB form 0915-0127, a contract application will be considered incomplete.

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**NATIONAL HEALTH SERVICE CORPS
CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT DEMONSTRATION PROJECT (DEMO)**

SUMMARY OF IMPORTANT DATES

ISSUES	IMPORTANT DEADLINES
NHSC Application for Demonstration Project	June 30, 2003 (postmark date)
Community Site Information Form	June 30, 2003 (postmark date)
Loan Information and Verification Form	June 30, 2003 (postmark date)
Biographical Statement	June 30, 2003 (postmark date)
Method of Advanced Loan Repayment Form	June 30, 2003 (postmark date)
Payment Information Form	June 30, 2003 (postmark date)
NHSC DEMO Checklist	June 30, 2003 (postmark date)
Signed and Dated NHSC DEMO Contract	June 30, 2003 (postmark date)
Authorization to Release Information Form	June 30, 2003 (postmark date)
Proof of U.S. Citizenship or U.S. National (if born outside the United States)	June 30, 2003 (postmark date)
Documentation of Status as a Member of Reserve Component of the Armed Forces (if applicable)	June 30, 2003 (postmark date)
Letter from Entity to which Service Obligation is Owed (if applicable)	June 30, 2003 (postmark date)
Two Letters of Reference	June 30, 2003 (postmark date)
Current Resume/Curriculum Vitae	June 30, 2003 (postmark date)
Disadvantaged Background Documentation (if applicable)	June 30, 2003 (postmark date)
Copies of the Original Loan Applications, Agreements, or Statements from the Current Lenders	June 30, 2003 (postmark date)
Copy of Your Health Professional Degree or Certificate	July 25, 2003 (postmark date)
Copy of Your Permanent License in the State of Practice	July 25, 2003 (postmark date)
Copy of your National Board Examination Results (DC only)	July 25, 2003 (postmark date)
FINAL copy of the National Practitioner Data Bank (NPDB) and Healthcare Integrity Protection Data Bank (HIPDB)	July 25, 2003 (postmark date)
Completion Letter from Entity to which Service Obligation is Owed (If applicable)	July 25, 2003 (postmark date)
Notify Applicants of Award	September 2003
Notify Applicants of Selection as an Alternate	September 2003
Notify Applicants of Non-Selection for an Award	September 2003
All Awards Completed	September 30, 2003

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A. INTRODUCTION

1. Purpose of the National Health Service Corps (NHSC) Chiropractor and Pharmacist Loan Repayment Demonstration Project (DEMO)

The purpose of this demonstration project is to determine how the placement of chiropractors and pharmacists in community health sites through the NHSC Loan Repayment Program (LRP) would enhance the effectiveness of the NHSC by improving health outcomes.

The purpose of the NHSC LRP is to ensure an adequate supply of health professionals to provide primary health services (through a culturally competent, interdisciplinary team of clinicians) to populations located in selected health professional shortage areas (HPSAs) identified by the Secretary of the Department of Health and Human Services. HPSAs can be found in rural and urban communities across the Nation. The NHSC LRP recruits fully trained health professionals who agree to provide primary health services in NHSC community sites. In return, the NHSC LRP assists clinicians in their repayment of qualifying educational loans that are still owed. The NHSC is seeking clinicians that demonstrate the characteristics for and interest in serving the Nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to medically underserved populations is the primary purpose of the NHSC LRP and not the repayment of educational loans.

2. Important Items for Applicants to Consider:

- **The NHSC DEMO is a highly competitive program with limited funding. An NHSC DEMO contract award is contingent upon availability of funds.**
- **The Checklist at Section X of this Bulletin sets out the application documents that must be submitted for an application to be complete. These documents must be submitted by no later than June 30, 2003 (postmark date). However, if certain documents (see Section M.2. of this Bulletin) are not available prior to June 30, 2003, those documents must be submitted by no later than July 25, 2003 (postmark date). An application will not be considered complete until *all* required items, as set forth in the Checklist, are submitted. Applications that are in-**

complete when initially submitted cannot be supplemented (except for the items set forth in Section M.2. of this Bulletin).

- **Reference materials needed to complete this application are available on the NHSC Web site. The NHSC Web site can be found at <http://nhsc.bhpr.hrsa.gov>.**
- Employment at a community site posted on the NHSC Opportunities List does not guarantee an NHSC DEMO contract award.
- No service credit will be given for employment at a community site before the effective date of an NHSC DEMO contract award. The effective date of a contract award is the date the contract is countersigned by the Director of the Division of National Health Service Corps. Service credit will commence upon the effective date of the contract or the date service begins, whichever is later.
- Only the Division of National Health Service Corps can make an NHSC DEMO contract award. An NHSC DEMO contract award cannot be guaranteed by a community site, a Health Resources and Services Administration (HRSA) Field Office, a Primary Care Office, a Primary Care Association, or any person or entity other than the Director of the Division of National Health Service Corps.
- Funds provided under the NHSC DEMO for loan repayment must be used to repay qualifying educational loans.
- NHSC DEMO participants cannot be guaranteed a contract amendment (additional loan repayment funds) for continued participation in the program beyond the initial 2-year contract period.

3. Statutory Authority and Program Administration

The NHSC DEMO is authorized by Public Law 107-251, enacted October 26, 2002 [Section 338L of the Public Health Service (PHS) Act, 42 United States Code, Section 254t]. It is administered by the Division of National Health Service Corps, Bureau of Health Professions, Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.

B. DEFINITIONS

COMMERCIAL LOANS – Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are

subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

DEFINITIONS (Continued)**DIVISION OF NATIONAL HEALTH SERVICE CORPS (DNHSC) –**

An operating division of the Bureau of Health Professions, Health Resources and Services Administration.

FISCAL YEAR (FY) – The Federal FY is defined as October 1 through September 30.

GOVERNMENT LOANS – Government loans are loans, which are made by Federal, State, county or city agencies, which are authorized by law to make such loans.

HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) –

A HPSA is a geographic area, population group, public or nonprofit private medical facility or other facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Bureau of Health Professions pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) –

An operating agency of the U.S. Department of Health and Human Services.

HOLDER – The commercial or Government institution that currently holds the promissory note for the qualifying educational loan.

LENDER – The commercial or Government institution that initially made the qualifying loan.

NATIONAL HEALTH SERVICE CORPS (NHSC) – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

NATIONAL HEALTH SERVICE CORPS (NHSC) CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT DEMONSTRATION PROJECT (DEMO) – The NHSC DEMO is authorized by Section 338L of the PHS Act. Under the NHSC DEMO, chiropractors and pharmacists provide primary health services in Primary Care HPSAs in exchange for funds for the repayment of their quali-

fying educational loans, plus tax assistance. The NHSC DEMO identifies fully trained and licensed chiropractors and pharmacists dedicated to meeting the health care needs of medically underserved communities. The purpose of DEMO is to determine whether adding chiropractors and pharmacists as permanent NHSC members would enhance the effectiveness of the NHSC.

NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM (LRP) –

The NHSC LRP is authorized by Section 338B of the PHS Act. Under the NHSC LRP, clinicians provide primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans, plus tax assistance. The NHSC LRP identifies fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved communities.

QUALIFYING EDUCATIONAL LOANS –

Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant leading to a degree in the health profession in which the participant will satisfy his or her NHSC DEMO service commitment. Such loans must have documentation that is contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has refinanced educational loans with any other debt, the refinanced loan will not be eligible.

REASONABLE EDUCATIONAL EXPENSES –

Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school’s estimated standard student budget for educational expenses for the participant’s degree program and for the year(s) of that participant’s enrollment.

REASONABLE LIVING EXPENSES –

Reasonable living expenses are the costs of room and board, transportation and commuting costs, and other costs which do not exceed the school’s estimated standard student budget for living expenses at that school for the participant’s degree program and for the year(s) of that participant’s enrollment.

STATE – As used in this *Bulletin*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

C. ELIGIBILITY REQUIREMENTS AND FUNDING PREFERENCES

1. Eligibility Requirements to Participate

a. Citizenship

Applicants for DEMO must be citizens or nationals of the United States. Applicants who were born outside of the United States, Commonwealth of Puerto Rico, U.S. Virgin Islands, Territory of Guam, Territory of American Samoa, or Swain Island must submit documentation to verify U.S. citizenship or status as a national (e.g., a copy of a certificate of citizenship, passport or naturalization certificate) along with the application material.

b. Completed Training and Other Requirements

- **Chiropractors (DC)** must have:
 - 1) a degree in chiropractic from a 4-year chiropractic college that is currently fully accredited by the Commission on Accreditation of the Council on Chiropractic Education, *and*
 - 2) successfully passed the entire examination by the National Board of Chiropractic Examiners.
- **Pharmacists (RX)** must have:
 - 1) graduated from a school of pharmacy that is currently fully accredited by the American Council on Pharmaceutical Education.

c. Licensure Requirements

Chiropractors must possess a current unrestricted chiropractic license in the State in which they intend to practice.

Pharmacists must possess a current unrestricted license to practice pharmacy in the State in which they intend to practice.

d. Professional Competence and Conduct

Applicants must have their satisfactory professional competence and conduct corroborated by two letters of recommendation (see Section X of this *Bulletin*, item 10), the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank reports (see Section M of this *Bulletin*), and if necessary, information from State licensing and/or professional review boards, etc.

e. Employment at Eligible Community Site

Applicants for DEMO must be in the final stages of contract/employment negotiations with, or have secured employment at, an NHSC-approved organized primary health care community site. The site must

be in a Primary Care Health Professional Shortage Area (HPSA) and must have another NHSC clinician on staff who is currently serving an NHSC service commitment through the scholarship or loan repayment program and who is authorized to prescribe medications. Employment at the NHSC community site must begin no later than September 30, 2003.

f. Medicare/Medicaid/State Children's Health Insurance Program Participation

Applicants for DEMO must participate or be eligible to participate as a provider in the Medicare, Medicaid and State Children's Health Insurance Programs. All NHSC community sites and clinicians must accept assignment under the Medicare Program and enter into appropriate agreements with the Medicaid and State Children's Health Insurance Programs. Therefore, all DEMO clinicians, and/or their community sites, must be able to receive Medicare/Medicaid/State Children's Health Insurance Program payment for any items or services furnished, ordered or prescribed by DEMO participants.

g. No Judgment Lien for a Federal Debt

An applicant must be free of any judgment liens against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.

h. No Other Service Obligations

All applicants who have an outstanding contractual obligation for health professional service to the Federal Government (e.g., an active military obligation or a Nursing Education Loan Repayment Program obligation), a State (e.g., State Loan Repayment Program or Scholarship Program obligation) or other entity are ineligible to participate in DEMO, unless that service obligation will be completely satisfied before September 30, 2003. Beware that certain bonus clauses in employment contracts may impose a service obligation. (Applicants may contact the Application and Award Branch at 1-800-435-6464 about any questions regarding an existing service obligation.)

i. Members of a Reserve Component of the Armed Forces

Individuals in the Reserve component of the Armed Forces or National Guard are eligible to participate in the NHSC DEMO. However, reservists should understand the following:

ELIGIBILITY REQUIREMENTS AND FUNDING PREFERENCES (Continued)

- Placement opportunities for reservists may be limited by the NHSC in order to minimize the negative impact that a deployment would have on the vulnerable populations served by the reservist as the sole provider at a clinic that would be forced to close if the reservist were deployed.
- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 7 weeks (35 workdays) per service year, the NHSC service commitment end date will be extended to compensate for the break in NHSC service. See Section H of this *Bulletin* for more information.
- If the site where the reservist was serving at the time of his/her deployment is unable to re-employ that reservist (because re-employment would be impossible or unreasonable), the NHSC will reassign the participant to another service site to complete his or her remaining NHSC service commitment. Because it is sometimes difficult to identify short-term assignments, a participant may be asked by the community site to sign an employment contract, which extends beyond the completion date of his or her NHSC service commitment.

j. Non-Delinquency of Child Support Order

In keeping with the President's Executive Orders concerning compliance with child support orders, DEMO stresses the importance of honoring any child support obligations the applicant may have. Federal payments to a participant may be offset due to delinquencies in court-ordered child support payments.

k. Compliance with Prior Obligations

Applicants must have complied or currently be in compliance with certain obligations previously incurred. As a result:

- Applicants who have defaulted on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, etc.) will not be selected to participate in DEMO, even if they are currently considered to be in good standing by that creditor.
- Applicants who have defaulted on a prior service obligation to the Federal government or a State or local government will not be selected

to participate in DEMO, even if they subsequently satisfied that obligation (through service, monetary payment, or other means).

- Applicants who have had any Federal debt written off as uncollectible (pursuant to 31 U.S.C. 3711(a)(3)) or who have had any Federal service or payment obligation waived will not be selected to participate in DEMO.

2. Funding Preferences or Priorities

Among applicants who have submitted timely and complete applications and have been determined by the NHSC to meet the eligibility criteria, the following funding preferences, or preferences, apply:

- a. Information provided in an applicant's Biographical Statement and an applicant's disadvantaged background status may be considered. The NHSC is seeking individuals who demonstrate characteristics that they are likely to remain in a HPSA.
- b. A funding preference will be given to applicants serving in Primary Care HPSAs of greatest need (based on the HPSA scores). The HPSA score on the date the application is submitted (i.e., date received by the Demonstration Project) will be the HPSA score used for the FY 2003 award process.
- c. In order to distribute the number of DEMO clinicians across a larger array of NHSC community sites, a maximum of two 2-year contract awards will be allowed for each community site.
- d. If funding remains available after applying the above criteria, DEMO may allow up to four 2-year contract awards for each community site. Eligible applicants would be funded by decreasing HPSA score.
- e. If the vacancies at the community sites exceed the numbers allowed per site, it will be the community sites' responsibility to determine which of those vacancies will have the potential for NHSC loan repayment.
- f. Community demand for each discipline category may be considered, in the event funding is insufficient to fund all eligible applicants at sites, which have the same HPSA score.
- g. DEMO will select awardees and alternates consistent with the above funding preferences. Alternates will be funded to the extent awardees decline their awards. All FY 2003 DEMO 2-year contracts will be awarded no later than September 30, 2003.

D. SERVICE REQUIREMENTS

1. 2-Year Service Requirement

Every DEMO participant must sign a contract agreeing to provide 2 years of full-time clinical service in a community site/vacancy on the NHSC Opportunities List. See Sections G and H of this *Bulletin*.

2. Contract Amendment Awards

Participants in good standing may have the opportunity to request amendments of their Demonstration Project contracts to continue their service (and loan repayments), to the extent those participants continue to have unpaid qualifying educational loans. Amendments to Demonstration Project contracts will be made at the Government's discretion and are subject to the availability of funds appropriated by the United States Congress for the NHSC Loan Repayment Program. Thus, there is no guarantee that a 2-year service commitment (contract) will be amended beyond the initial 2

years. Applicants for contract amendments must continue to meet the eligibility criteria and must be in full compliance with their existing Demonstration Project service obligation.

The amendment service period must begin immediately following the completion of the initial service commitment (i.e., no break in service between the contracts is allowed). The contract amendment will not become effective until the participant has fully completed the initial Demonstration Project service commitment. If a participant breaches the terms and conditions of the initial Demonstration Project contract award, including the requirement that loan repayments received must be applied to reduce the participant's qualifying educational loans during the period of obligated service, he or she will not receive a contract amendment.

E. BENEFITS

1. Loan Repayments

DEMO will provide funds to program participants to repay their outstanding qualifying educational loans (See Section F).

- a. For the first 2 years of service, DEMO will pay up to \$25,000 for each year of service, based on the participant's outstanding balance of qualifying educational loans. If the total amount of the participant's qualifying educational loans is less than \$50,000, DEMO will pay one-half of the total qualifying educational loans annually.
- b. **All loan repayments paid to the participant must be used by the participant to repay the approved qualifying educational loans.**

2. Tax Assistance

In addition to the loan repayments, participants are entitled to tax assistance payments equal to 39 percent of the total amount of loan repayments received during a tax year. **The loan repayments and the tax assistance payments are taxable income and will be reported to the Internal Revenue Service (IRS).** The IRS has determined that *employment* tax also applies to DEMO awards. The tax assistance payment will be paid to the IRS directly on the participant's behalf.

3. Methods of Disbursing Payments

To assist DEMO participants in reducing their educational debts in a shorter period of time, DEMO will

disburse payments to participants on an advanced basis (either quarterly, biannually, annual or lump sum). **Switching between methods of payment may be allowed only at the beginning of a new DEMO service year. Please note, however, that all requests to switch between methods of payment must be submitted in writing at least 3 months prior to the beginning of that service year.**

After receipt of the first payment, any subsequent payments will be contingent upon the NHSC's timely receipt of a 6-month verification form confirming that participant's compliance with the NHSC full-time clinical service requirement. See Section H of this *Bulletin*.

Applicants are encouraged to seek financial counseling before selecting one of the advanced payment methods. Because of the timing of the payment methods, the participant's annual taxable income may increase significantly and he or she should seek advice regarding the tax ramifications of this action. In addition, applicants should contact their lenders regarding prepayment options. Some lenders will accept the advanced payment, but expect the participant to continue to make monthly payments.

NOTE: Under the Treasury Offset Program, the Treasury Department is authorized to offset DEMO payments for delinquent Federal and State debts, including delinquent child support payments.

BENEFITS (Continued)

4. Salary

DEMO participants will receive a salary and benefits package from the employing community site. Employment compensation packages are negotiated between the pro-

fessional and the community site. NHSC loan repayments must not be part of the salary negotiations between clinicians and community sites. The community site cannot guarantee a DEMO contract award. DEMO participants should carefully review their employment contracts to ensure these issues are addressed.

F. QUALIFYING EDUCATIONAL LOANS

1. Loans Qualifying for Repayment – DEMO participants will receive monies to be applied to the principal, interest, and related expenses of **Government (Federal, State, or local) and commercial loans** obtained by the participant for:

- a. school tuition and required fees;
- b. other reasonable educational expenses (see Definitions, Section B of this *Bulletin*); and
- c. reasonable living expenses (see Definitions, Section B of this *Bulletin*).

The fees and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education leading to a degree in the health profession in which the participant will satisfy his or her DEMO service commitment.

2. Loans *Not* Qualifying for Repayment – The following are examples of financial obligations that **do not** qualify for repayment by DEMO:

- a. loans for which the associated documentation does not support that the loans were made for the purpose of undergraduate or graduate education leading to a degree in the applicant's DEMO health profession in which he or she will be serv-

ing or that the loans were made contemporaneous with such education;

- b. loans not obtained from a Government entity or commercial lending institution (see Definitions, Section B of this *Bulletin*). Most loans made by private foundations are not eligible for repayment.
- c. loans, or that portion of loans, obtained for educational or living expenses which exceed the school's estimated standard student budget in the year the loan was made and the student is unable to substantiate, to DEMO's satisfaction, that the excess educational and/or living expenses were reasonable; and
- d. loans that have been repaid in full.

3. Refinanced Loans

If eligible educational loans are refinanced, the original loan documentation must be submitted to establish the educational purpose and contemporaneous nature of such loans. The refinanced loan must be from a Government (Federal, State, or local) and commercial lender for the applicant's qualifying educational loans only. If an educational loan is refinanced with other debt, the refinanced loan is not eligible for loan repayment.

G. COMMUNITY SITE EMPLOYMENT

1. General Information

In exchange for DEMO benefits, DEMO participants must be engaged in the full-time clinical practice (see Section H.) of their professions at a community site on the NHSC Opportunities List. The NHSC Opportunities List includes specific primary health care employment opportunities in federally designated Primary Care HPSAs that have been identified by the NHSC as significantly lacking certain health professionals. The NHSC community sites provide ambulatory primary health services to populations residing in HPSAs throughout the Nation.

The NHSC Opportunities List is prepared each year by the Division of National Health Service Corps. This List reflects approved NHSC vacancies. The NHSC

Opportunities List for FY 2003 will be posted on the NHSC Web Site. The NHSC Opportunities List can be found at <http://nhsc.bhpr.hrsa.gov> under Opportunities. Only those vacancies on the NHSC Opportunities List no later than June 30, 2003, will be considered for FY 2003 DEMO 2-year contract awards.

Community sites may have several vacancies per discipline category posted on the NHSC Opportunities List. Initially, no more than two vacancies per discipline category will be filled through DEMO. See Section C. 2.c. of this *Bulletin*. If funding remains available, DEMO may allow up to four 2-year contract awards per discipline category for each community site. If the vacancies at the community sites exceed the numbers allowed per site, it will be the community sites'

COMMUNITY SITE EMPLOYMENT (Continued)

responsibility to determine which of those vacancies will have the potential for NHSC loan repayment.

At the time the application is submitted, the applicant must, at a minimum, be in the final stages of negotiating an employment contract with an NHSC community site. DEMO community site information form (see Section P of this *Bulletin*), documents the applicant's employment negotiation status. **This form must be submitted with the application by June 30, 2003 (postmark date).**

During contract negotiations, the applicant and the NHSC community site should agree upon a start date. That start date must be **on or before September 30, 2003.**

An applicant's acceptance of an offer of employment to fill a vacancy on the NHSC Opportunities List does not guarantee that the applicant will subsequently receive a DEMO contract award. See Section C of this *Bulletin* describing the eligibility requirements and funding preferences used by DEMO to determine which applicants will receive DEMO contract awards.

Applicants become participants in the Demonstration Project (i.e., the contract becomes effective) on the date the Director of the Division of the National Health Service Corps countersigns the DEMO contract. The applicant's signature alone on this contract *does not* constitute a contractual agreement.

When the employment start date precedes the effective date of the DEMO contract, no DEMO service credit will be approved for employment prior to the effective date of the contract and no loan repayments will be made for any professional practice performed before the effective date of the contract.

2. Serving Under a Private Practice Assignment (PPA) Agreement

All DEMO participants are required to serve under Private Practice Assignment Agreement. Under the PPA, an individual serves at a public or private entity on the NHSC Opportunities List, is subject to the personnel system of the entity to which he or she is assigned and must receive an income at least equal to the income he or she would have received as a civilian employee of the U.S. Government. All Private Practice Assignees are required to accept assignment under the Medicare Program and to enter into appropriate agreements with the Medicaid and State Children's Health Insurance Programs. Entities employing Private Practice Assignees must have a schedule of discounts (including, as appropriate, waivers) of fees based on a patient's ability to pay.

3. Serving Under a Private Practice Option (PPO) Agreement

NHSC DEMO participants will not be permitted to work under a PPO.

H. FULL-TIME CLINICAL PRACTICE

Every participant is required to engage in the full-time clinical practice of the profession for which he or she was awarded a DEMO contract. Full-time clinical practice is defined as a minimum of 40 hours per week.

Chiropractors and pharmacists must spend at least 32 of the minimum of 40 hours per week providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) specified in the PPA Agreement. The remaining hours must be spent providing inpatient care to patients of that clinic and/or in practice-related administrative activities.

The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked over the required 40 hours per week will not be applied to any other workweek.

No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a DEMO service year will extend the service commitment end date.

Every DEMO participant must complete and submit a verification form for each 6 months of service. The form, which is signed by the participant and an appropriate official at the NHSC community site, will verify the participant's compliance/noncompliance with the full-time clinical practice requirement during that 6-month period. The form will also record the participant's time spent away from the practice site during that 6-month period. Continued receipt of loan repayment benefits will be contingent on a participant's timely submission of the 6-month verification form.

I. LEAVING THE COMMUNITY SITE (CHANGING JOBS)

The DEMO contract does not specify a particular community site, only that a participant will serve in the Primary Care HPSA to which he or she is assigned by the Secretary of the Department of Health and Human Services. The NHSC expects that a participant will serve his or her full commitment at the initial placement site. Transfer requests are discouraged in order to minimize the disruption of patient care, and they will generally not be considered before completion of the first full year of service. Participants who are terminated by their NHSC community sites for cause are not entitled to transfers and will be placed in default.

Should participants be unable, through no fault of their own, to complete their agreed upon obligations at their initial NHSC community sites, they will be expected to continue their service, without a break, at other NHSC community sites where there is an NHSC clinician with prescribing authority. The transfer site will be based on the needs of the NHSC. Final approval of all transfers rests with the Division of NHSC, and ap-

provals will be to sites of equal or greater need than the original site. If a participant does not accept his or her transfer site, he or she may be placed in default of his or her DEMO contract.

If there is no break in service between the initial site and the transfer site, the participant will continue to receive loan repayments. However, if a participant fails to resume service within 10 business days of the stop-work date at the initial site, payments to the participant will stop. Once the participant has returned to full-time service at an NHSC community site, loan repayments will be resumed. Where a break in service occurs, the participant's service end date will be extended.

When a clinician desires a transfer, a written request must be submitted to the DNHSC. This request should be submitted before the clinician leaves his or her current position. If the clinician leaves before notifying the DNHSC, or without the DNHSC approval, he or she may be placed in default.

J. BREACHING THE DEMONSTRATION PROJECT CONTRACT

1. A participant who fails, for any reason, to begin or complete the required DEMO service is obligated to pay the United States an amount equal to the sum of the following:

- a. the total of the amounts paid by the Demonstration Project to, or on behalf of, the participant (for loan repayments and tax assistance) for any period of obligated service not served;
- b. an amount equal to the number of months of obligated service not completed multiplied by \$7,500; and
- c. interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach;

except that the amount the United States is entitled to recover will not be less than \$31,000.

2. Any amounts the United States is entitled to recover, as set forth above, must be paid within 1 year (or such longer period as the Secretary so decides) from

the date of breach. Failure to pay the DEMO debt by the due date has the following consequences:

- a. **The debt will be reported to credit reporting agencies** – Any DEMO debt more than 60 days past due shall be reported to all appropriate credit reporting agencies.
- b. **The debt will be referred to a debt collection agency and the Department of Justice** – Any DEMO debt past due for 3 months shall be referred to a debt collection agency. If the debt collection agency is unsuccessful in receiving payment in full, the debt will be referred to the Department of Justice for enforced collection.
- c. **Administrative offset** – Federal payments due to the participant (e.g., an IRS income tax refund) may be offset by the Department of Treasury to repay a delinquent DEMO debt.

3. A financial obligation under DEMO may only be discharged in bankruptcy if the discharge is granted more than 7 years after the due date and only if a bankruptcy court determines that the nondischarge of the debt would be unconscionable.

K. WAIVER, SUSPENSION, CANCELLATION AND TERMINATION

The Secretary of Health and Human Services may suspend or waive, in whole or in part, a service or payment obligation. In addition, the Secretary may cancel or terminate a DEMO contract under very limited circumstances.

Suspension – is a temporary status. The basis for a suspension would be a medical condition or a personal situation that: 1) would make it temporarily impossible to continue the service obligation or payment of the monetary debt, or 2) would temporarily involve an extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

Waiver – is a permanent status. The basis for a waiver would be a permanent medical condition or personal situation that: 1) results in the individual's inability to serve the obligation or pay the debt, or 2) would involve an extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

Cancellation – is a permanent status. The basis of a cancellation would be limited to the death of the DEMO participant.

Termination – is a permanent status. The Secretary may terminate a DEMO Contract awarded in FY 2003 if, no later than 45 days before the end of this Fiscal Year (*i.e.*, no later than August 17, 2003), the participant: 1) submits a written request to terminate that contract and 2) repays **all** amounts (loan repayments and tax assistance payments) paid to, or on behalf of, the participant under that contract.

Requests for waivers and suspensions must be submitted in writing to the Legal and Compliance Branch, Office of Policy and Planning, and must include all medical and financial documentation. For further information, contact the Legal and Compliance Branch, Office of Policy and Planning, at (301) 594-4390. Requests for terminations must be submitted in writing to the Division of National Health Service Corps, Application and Award Branch. For further information, contact the Application and Award Branch, Division of National Health Service at (301) 594-4400.

L. BIOGRAPHICAL STATEMENTS

Applicants must submit a biographical statement. Biographical statements must be typed, dated and signed and must provide, at a minimum, information regarding:

1. Student or work experience with medically underserved populations (e.g., community or migrant health centers, free clinics, public health departments, and rural health clinics) during or after the applicant's health professions training. The statement should include:

- Location
- Start and end dates for each student/work experience
- Number of hours per week spent on the student/work experience
- Brief description of the experience
- The knowledge, skills, or abilities gained from the experience

- Community effort which lead to improved delivery of health services to underserved populations
 - Total number of years/months as a clinician providing primary care to underserved populations
 - Published primary care articles
 - Awards for primary care community efforts
2. Language skills (including level of proficiency), if any, that the applicant uses or will use to provide services to the patient population of the NHSC community site.
 3. Awareness of the values, beliefs, and practices as they relate to the health of the population served by the NHSC community site. Include any knowledge, skills, and abilities that will be incorporated into practice to improve the delivery of health services to the population of the community site.

M. THE APPLICATION PROCESS

1. Submit a complete contract application package by June 30, 2003 (postmark date).

The Checklist at Section X of this Bulletin describes every item that must be submitted for an application to be considered complete. All applicable items on that list must be submitted no later than June 30, 2003 (postmark date), except that if certain items will not be available by June 30, 2003 (as set forth in Paragraph 2 below), those items must be submitted no later than July 25, 2003 (postmark date). No extensions to these deadlines will be granted. The responsibility for submitting a complete FY 2003 DEMO application is with the applicant. Incomplete applications will not be considered for a FY 2003 DEMO contract award. Submitted applications that do not include all the materials required to be submitted by June 30, 2003, are incomplete and cannot be resubmitted or supplemented.

DEMO Awards will be made for selected applicants whose applications are complete and who are working at an approved DEMO site. To assist applicants in reviewing the completeness of their applications, a Checklist is in Section X of this Bulletin provided. **Please note that certain documents must be dated after October 1, 2002.**

2. Submit subsequent Verification of Selected Demonstration Project Eligibility Requirements by July 25, 2003.

If one or more of the following required documents is not available by the June 30, 2003 application submission deadline, these documents must be submitted with a postmark date of no later than July 25, 2003, in order for your application to be considered complete.

- a. **National Board/Licensing Examination Results** – Chiropractors must submit copies of national board/licensing examination results. If a copy of the national examination results cannot be supplied by June 30, 2003, it must be submitted by

no later than July 25, 2003 (postmark date), or the applicant will be considered **ineligible**.

- b. **State Licensure** – Applicants must submit a copy of a license from the State in which the applicant will practice (State of the community site). If the requisite license cannot be supplied by June 30, 2003, it must be submitted by no later than July 25, 2003 (postmark date), or the applicant will be considered **ineligible**.
- c. **NPDB/HIPDB Reports** – Applicants must submit a copy of the "Response to Information Disclosure Request" from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). To obtain the "Response to Information Disclosure Request," applicants must complete an Individual Request for Information Disclosure (Self-Query) Form (see Section Q. of this Bulletin). The "Response to Information Disclosure Request" must postdate October 1, 2002. If the FINAL NPDB and HIPDB cannot be supplied by June 30, 2003 (postmark date), it must be submitted by no later than July 25, 2003 (postmark date), or the applicant will be considered **ineligible**.
- d. **Existing Service Obligation** – Applicants must complete any existing service obligations (e.g., NHSC Scholarship Program, Armed Forces **active duty**, or State Loan Repayment Program obligations) by September 29, 2003. An applicant with an existing service obligation must provide a letter (using business letterhead) from the entity to which the service obligation is owed by no later than July 25, 2003 (postmark date), or the applicant will be considered ineligible. The letter must state the nature of the obligation and the projected end date of the service obligation. Subsequent documentation from the entity to verify service completion must be submitted before an award can be made and no later than September 29, 2003, or the applicant will be considered **ineligible**.

N. INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR THE DEMONSTRATION PROJECT (brown bubble form, O.M.B. 0915-0127)

(Instructions are given only for selected items on the application.)

Power-Of-Attorney

If you are submitting and executing an application on behalf of another person, it is mandatory that a copy of the notarized agreement granting you current Power-of-Attorney be submitted with the application materials.

Application Form

Do not make any entries on the application form until you have read the directions. Errors or omissions on the form will delay or prevent the processing of your application. As the application form is read by an optical scanner machine, please use a No. 2 lead pencil for all entries. Once you have completed the application form, please print and sign your name in ink in **SECTION II.B. CERTIFICATION.**

SECTION I: General

Item A. Discipline/Degree Program

Write in the name of the professional program you have or will have completed before beginning your service under DEMO. To the right of the arrow, enter the code letters (see below) corresponding to this program, starting with the first square:

DC Chiropractor

RX Pharmacist

Item B. Full Name

Print your last name, first name and middle name in the two sets of boxes provided. Begin in the first box of each set and print only one letter per box. Print your first name and middle name in the upper set of boxes and your last name only in the lower set of boxes. If your last name has a hyphen (-), please enter it. If you have a last name suffix, please enter it in the box labeled Last Name Suffix, to the right of the Last Name Box. In the column below each box, blacken the circle that corresponds to the letter, symbol, or empty box. (The last bubble in the grid is a hyphen.) Be sure to blacken a circle on every column.

EXAMPLE OF FULL NAME: William John Roger-Smith

Item C. Street Address

Do *not* enter City, State, or Zip Code in this grid.

Beginning in the first box, print the address where you now receive mail, one number or letter per box. Leave one empty box between the parts of your address. Abbreviations may be used. In the column that extends below each box, blacken the circle that corresponds to the number, symbol, or empty box. It is important that the address you give is your *current* mailing address.

EXAMPLE – FIRST LINE OF STREET ADDRESS ONLY: 1234 ½ East West Street

EXAMPLE – SECOND LINE OF STREET ADDRESS ONLY: Apt. 302B

Item D.4. E-mail Address

Please print your e-mail address.

Item F. Social Security Number

An applicant who is awarded a DEMO contract will be required to provide his or her Social Security Number. (See Privacy Act Notification Statement.) All funds paid under the Demonstration Project are income to the participant and must be reported by HRSA to the U.S. Internal Revenue Service. Applicants without a Social Security Number should make immediate efforts to obtain one by calling their local office of the Social Security Administration.

Item G.1. Citizenship, G.2. Place of Birth, & G.3. Date of Birth

Applicants must be citizens or nationals of the United States to be eligible for a DEMO contract award. Enter your place of birth, and indicate if you are a citizen or national of the United States. If you were born **outside** of the United States, Commonwealth of Puerto Rico, U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, or Swains Island, you must submit proof of your U.S. citizenship or status as a U.S. national.

Item H. (a/b) Race/Ethnicity

Completion of this question is voluntary. The information provided would be used to measure the extent to which members of minority ethnic and racial groups

INSTRUCTIONS FOR COMPLETING APPLICATION (Continued)

are applying for and receiving DEMO contract awards. Answering or failing to answer this question will have no effect on your consideration for this project.

Item I.1. Existing Service Obligation, I.2. Month, Day and Year When Service Obligation Will Be Completed

Except as noted below, applicants already obligated to a Federal, State, or other entity for health professional practice are not eligible for DEMO unless that obligation will be completely satisfied on or before September 29, 2003.

Applicants who are currently members of a Reserve Component of the Armed Forces are eligible to participate in DEMO. If you are a reservist, enter a "Yes" reply to Item I.1., and provide documentation of your status as a reservist.

Item J.1. Former EFN Participant

Skip this question.

Item J.2. Disadvantaged Background

Some health professions schools provide financial or other assistance to students they have identified as from a "disadvantaged background." If your school so identified you, indicate "Yes" here, even though you may not have actually received assistance, and enclose a copy of a statement from a school official certifying that you were identified as from a "disadvantaged background." Documentation must be submitted to confirm that your school identified you as coming from a "disadvantaged background."

Item K. Availability to Begin Service Obligation

Indicate the date you began or will begin working at the NHSC community site. Indicate the name of the community site and the city and State where it is located. Applicants must begin employment at an NHSC community site on or before September 30, 2003.

Item L. Which HRSA Field Office Have You or Your Site Contacted Regarding This Application?

Skip this question. (Contact with the HRSA Field Office is not required.)

SECTION II: EDUCATIONAL AND PRACTICE EXPERIENCES**Part A. Item 1. Professional School Code**

Print the name of the school and location. Enter the professional school code number (see Section Z) corresponding to the name of the professional school from

which you obtained your degree for the profession which would be utilized by the NHSC DEMO. Schools are listed by discipline, school code, name of training facility, and location. Different disciplines taught at the same university will have different code numbers. Be sure you use the code number representing the school you have attended and your discipline. If the school code is not listed, please enter the code "9999".

Part A. Item 2. Dates and Types of Degrees

In Item 2.a., give the date you began your college or university education after high school. This date is used to determine the first possible year for the qualifying educational loans DEMO may repay.

In Item 2.b., give the date you completed your work for the professional degree program you stated in Section I. Item A. This date is used to determine the last possible year for the educational loans DEMO may repay.

In Item 2.c., darken the circle representing "Other" and print the information.

Part A. Item 3. What is your specialty?

Skip Items 3.a. and 3.b.

Part A. Item 4. Completion of Residency Programs (For Physicians and Dentists)

Skip Item 4.

Part A. Item 5. Completion Date of Residency Program (For Physicians and Dentists)

Skip Item 5.

Part A. Item 6. Identify the Professional Residency Program From Which You Received Your Training (For Physicians and Dentists)

Skip Items 6.1. and 6.2.

Part A. Item 7. (For Mental Health Professionals)

Skip Item 7.a.

Part A. Item 9a., 9b., and 9c. Are You Presently Holding a Permanent License?

You must be licensed in the State where you intend to practice under DEMO. See Section C.1.c. of this *Bulletin*. In Item 9.b., please darken the circle for each State in which you hold a permanent license. In Item 9.c., if you are not licensed in the State in which you would be serving, please indicate the month and year you plan to take the licensure examination for that State.

Subsequent verification that the necessary State license has been obtained must be submitted by July 25, 2003 (postmark date).

INSTRUCTIONS FOR COMPLETING APPLICATION (Continued)**Part A. Item 9d and 9e. Licensure Restriction**

Identify any type of restriction you have on your professional license in the space provided and enclose a separate statement explaining the restrictions.

Part B. Item 1., 2., 3., and 4. Judgment Arising from a Federal Debt and Default on Any Debt.

- In Item 1, applicants for DEMO must certify "Yes" or "No" that they do/do not have a judgment lien arising from Federal debt.
- In Item 2, applicants for DEMO must certify "Yes" or "No" that they have/have not defaulted on any Federal debt.
- In Item 3, applicants for DEMO must certify "Yes" or "No" that they have/have not had a Federal debt terminated (written off as uncollectible).
- In Item 4, applicants for DEMO must certify "Yes" or "No" that they have/have not had a Federal service/payment obligation waived.

NOTE: PLEASE BE SURE TO PRINT AND SIGN YOUR NAME IN INK UNDER THE SECTION HEADED "CERTIFICATION" ON THE LAST PAGE OF THE APPLICATION. ALSO, PLEASE ENTER THE DATE YOU SIGN THE CERTIFICATION STATEMENT. UNSIGNED/UNDATED APPLICATIONS CANNOT BE CONSIDERED.

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FORMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
DIVISION OF NATIONAL HEALTH SERVICE CORPS

**P. CHIROPRACTOR & PHARMACIST LOAN REPAYMENT
DEMONSTRATION PROJECT (DEMO):
COMMUNITY SITE INFORMATION REQUEST**

APPLICANT'S NAME	
APPLICANT'S SOCIAL SECURITY NUMBER _____ - ____ - _____	
APPLICANT'S DISCIPLINE	
SITE NAME	
SITE ADDRESS	
CITY	STATE
SITE CONTACT PERSON	
SITE CONTACT EMAIL ADDRESS	
SITE PHONE NUMBER	
UDS NUMBER	
HPSA I.D. NUMBER	
HPSA SCORE	

I certify that I am currently in final negotiations with the above-named site for employment.

☐ Check if applicable

I certify that I have completed negotiations with the above-named site.

☐ Check if applicable

APPLICANT'S SIGNATURE	DATE SIGNED
-----------------------	-------------

I certify that the above-named site is currently negotiating (or has negotiated) an employment contract with the above-named applicant.

EXECUTIVE DIRECTOR'S SIGNATURE	DATE SIGNED
--------------------------------	-------------

Q. INDIVIDUAL REQUEST FOR INFORMATION DISCLOSURE (SELF-QUERY)

- Applicants must submit a copy of the *final* report “Response to Information Disclosure Request” from both the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).
- To obtain the “Response to Information Disclosure Request,” applicants must complete an “Individual Request for Information Disclosure” (Self-Query) Form, which is available only on the NPDB/HIPDB Web site at <http://www.npdb-hipdb.com> or by calling 1-800-767-6732.
- Each Data Bank Self-Query Form request is assessed a \$10.00 fee for each Data Bank, for a total of \$20.00. The fee must be paid for by credit card (VISA, MasterCard, or Discover). Forms that are missing credit card information are rejected.
- *Note that the Self-Query Forms must be returned to NPDB/HIPDB.*
- The “Response to Information Disclosure Request” must postdate October 1, 2002.
- If the FINAL “Response to Information Disclosure Request” from the NPDB and HIPDB cannot be supplied with the application by June 30, 2003 (postmark date), it must be submitted by no later than July 25, 2003 (postmark date), or the applicant will be considered ineligible.

(Revised 4/03 – DNHSC, BHPr, HRSA, DHHS)

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O.M.B.: 0915-0127 Expiration March 31, 2005

R. INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION REPORT

Please complete a *Loan Information and Verification Report* for each loan you wish the Chiropractor and Pharmacist Loan Repayment Demonstration Project (DEMO) to consider for repayment. This form authorizes your lender to release information about your loan to DEMO. (If you need additional forms, you may photocopy the blank.) These forms must be enclosed with your application.

Do not send the *Loan Information and Verification Report* to your Lender. DEMO will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your educational loans you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach this information to the loan form.

DEMO participants will receive monies to be applied to the principal, interest, and related expenses of Government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition and required fees;
- b. other reasonable educational expenses (see Definitions, Section B); and
- c. reasonable living expenses (see Definitions, Section B)

for undergraduate or graduate education leading to a degree in the health profession in which the participant will satisfy his or her DEMO service commitment.

(Revised 4/03 – DNHSC, BHPr, HRSA, DHHS).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
DIVISION OF NATIONAL HEALTH SERVICE CORPS

O.M.B.: 0915-0127
Expiration: March 31, 2005

**S. CHIROPRACTOR & PHARMACIST LOAN REPAYMENT
DEMONSTRATION PROJECT (DEMO):
LOAN INFORMATION AND VERIFICATION REPORT**

Note: Do not send this form to your lender; send it with the rest of the application.

INSTRUCTIONS TO APPLICANT: Complete *one* copy of this report for *each* loan you are applying to have considered for repayment under the NHSC Demonstration Project. To each report, attach a copy of the loan agreement; also attach a copy of your loan application, if possible. Please print clearly and complete all of this report to expedite verification. *Please note that incomplete information may delay verification of your loan.*

1. APPLICANT'S NAME (LAST, FIRST, MIDDLE)		2. APPLICANT'S SOCIAL SECURITY NO.	
3. APPLICANT'S COMPLETE ADDRESS		4. APPLICANT'S TELEPHONE NO.	
5. NAME OF LENDING INSTITUTION		5.a. LENDER'S TELEPHONE NO.	
6. LOAN ACCOUNT NO.	7. FULL ADDRESS OF LENDING INSTITUTION		
8. WAS THE LOAN SOLD? (If you are not sure, check with your lender.) Check the appropriate box. If "yes," give the secondary loan holder's name and full address. <input type="checkbox"/> Yes <input type="checkbox"/> No		11.a. CURRENT BALANCE (Principal & Interest) \$ _____ as of (date) _____	
9. ORIGINAL DATE OF THE LOAN	10. ORIGINAL AMOUNT OF THE LOAN	11.b. INTEREST RATE	
12. PURPOSE OF THE LOAN AS INDICATED ON THE LOAN APPLICATION			
13. TYPE OF LOAN (E.G., GSL, NDSL, HEAL) PLEASE SPELL OUT THE TYPE.			
14. LOAN IN DEFAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		14.a. DATE OF DEFAULT (if applicable)	
15. LOAN UNDER A FEDERAL COURT JUDGMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		15.a. DATE OF THE JUDGMENT (if applicable)	

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS – If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan.

WARNING – Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT – I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Secretary of HHS for repayment of the educational loans I have submitted with my application hereof, incurred solely for the costs of undergraduate or graduate education, including reasonable living expenses, leading to a degree in the health profession in which I would satisfy my NHSC DEMO service commitment. I hereby authorize the Government or financial institution named in item 5 or 8 above to release this information about the loan to the administrators of the NHSC Chiropractor and Pharmacist Loan Repayment Demonstration Project.

SIGNATURE OF APPLICANT

DATE

T. AUTHORIZATION TO RELEASE INFORMATION

As a National Health Service Corps (NHSC) Chiropractor and Pharmacist Loan Repayment Demonstration Project (DEMO) applicant, I,

(Print Name – First, Middle, Last)

hereby authorize the Government or Commercial Institution where I have an outstanding educational loan balance to disclose information pertaining to my educational loans to the Department of Health and Human Services, Division of National Health Service Corps (DNHSC) and I.Q. Solutions (or any successor DNHSC contractor). The DNHSC administers the NHSC DEMO. "Information pertaining to my educational loans" includes, but is not limited to, my outstanding "Pay Off" balance and whether I have defaulted on my payment obligation.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NHSC DEMO, this authorization shall remain in effect until the date my NHSC DEMO obligation has been fulfilled. If I do not become a participant in the NHSC DEMO, this authorization shall remain in effect until September 30, 2003.

SIGNATURE	DATE
SOCIAL SECURITY NO.	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
DIVISION OF NATIONAL HEALTH SERVICE CORPS

**U. CHIROPRACTOR & PHARMACIST LOAN REPAYMENT
DEMONSTRATION PROJECT (DEMO):
REQUEST FOR METHOD OF ADVANCED
LOAN REPAYMENT**

To assist loan repayment participants in reducing their educational debt in a shorter period of time, the NHSC DEMO will disburse loan repayments to participants on an advanced basis. Four methods of advanced payment are currently available to NHSC DEMO participants. Please check the box next to the method you desire (only one method allowed).

- ☐ **A. Advanced Quarterly Payment Method** - The participant will receive up to \$25,000 per year in four equal installments (not to exceed \$6,250 for each three-month period). The payments will be disbursed approximately 30 days after the beginning of each 3-month period of service.
- ☐ **B. Advanced Biannual Payment Method** - The participant will receive up to \$25,000 per year in two equal installments (not to exceed \$12,500 for each 6-month period). The payments will be disbursed approximately 60 days after the beginning of each 6-month period of service.
- ☐ **C. Advanced Annual Payment Method** - The participant will receive up to \$25,000 per year in two equal installments (not to exceed \$25,000 for each 1-year period). The payments will be disbursed approximately 90 days after the start date of each NHSC DEMO contract year.
- ☐ **D. Advanced Lump Sum Payment Method** - The participant will receive up to \$50,000 in one installment. The payment will be disbursed approximately 90 days after the start date of the NHSC DEMO contract.

I certify that I have read and fully understand each of the Methods of Payment shown above. I hereby request that the Method of Payment I have checked above be the method by which I am paid as a participant in the National Health Service Corps Demonstration Project. In addition, I certify that I understand that switching between methods of payment may be allowed, but only on service anniversary dates. This may be done upon a written request to the DNHSC at least 3 months before my next service obligation anniversary date (based on the date the service obligation begins).

NAME (Please Print)	
SIGNATURE	DATE

All NHSC DEMO funds and tax assistance payments will be reported to the Internal Revenue Service (IRS). Applicants are encouraged to seek financial counseling before selecting one of the above-mentioned payment methods. Because of the timing of the payment methods, the participant's annual taxable income may increase significantly and he/she may want to seek advice regarding the tax ramifications of this action. Questions concerning the applicability of such requirements should be directed to the IRS.

O.M.B.: 0915-0127 Expiration March 31, 2005

V. INSTRUCTIONS FOR COMPLETING THE PAYMENT INFORMATION REQUEST FOR DIRECT DEPOSIT (TO A CHECKING OR SAVINGS ACCOUNT ONLY – DEPOSIT *CANNOT* BE MADE TO MONEY MARKET ACCOUNTS)

The enclosed form must be completed as part of your application package in order to directly deposit your Chiropractor and Pharmacist Loan Repayment Demonstration Project disbursements and to ensure the uninterrupted flow of your loan repayment funds.

To Be Completed by the Applicant

- Print or type your name.
- Print or type your address including street, city, state and zip code.
- Print or type your telephone number.
- Print or type your social security number

To Be Completed by Financial Institution Representative

1. Print or type the name of the applicant's financial institution (where the applicant's checking or savings account is located).
2. Print or type the address of the applicant's financial institution (where the applicant's checking or savings account is located) including street, city, state and zip code.
3. The financial institution representative needs to print or type the 9-digit ABA routing number for transfer of applicant's funds.
4. Print or type the name(s) of the applicant's account whether it is a CHECKING account or a SAVINGS account. Identify only one type of account. Deposits *cannot* be made to money market accounts.
5. Print or type the account number of the applicant's account identified in item #4.
6. Print or type an X identifying the type of account where the applicant's funds will be deposited.
7. Sign your name, and print or type your title, telephone number, and the date.

APPLICANT: Please verify the information, and sign and date the bottom of the form.

(Revised 4/03 – DNHSC, BHPr, HRSA, DHHS)

Tear off page along perforation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER
FINANCIAL MANAGEMENT SERVICE
DIVISION OF FINANCIAL OPERATIONS

W. PAYMENT INFORMATION REQUEST

THE INFORMATION REQUESTED BELOW CONCERNS YOUR FINANCIAL INSTITUTION, YOUR ACCOUNT AT THAT INSTITUTION, AND PERSONAL INFORMATION WHICH NEEDS TO BE VERIFIED AND COMPLETED.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 USC 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the automated clearinghouse payment system.

PERSONAL INFORMATION

CHECK ONE: ☐ Federal Employee ☐ Contractor ☐ Vendor

1. NAME

2. ADDRESS

3. TELEPHONE NUMBER

()

4. COMPLETE ONE OF THE FOLLOWING:

EIN* (Employer ID No.) _____

TIN (Tax ID No.) _____

**May be your Social Security No. if you are an individual*

TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION REPRESENTATIVE

1. NAME OF FINANCIAL INSTITUTION

2. ADDRESS OF FINANCIAL INSTITUTION

3. FINANCIAL INSTITUTION'S 9-DIGIT
ABA ROUTING NUMBER FOR
TRANSFER OF FUNDS

4. DEPOSITOR ACCOUNT TITLE

5. DEPOSITOR ACCOUNT NUMBER

6. TYPE OF ACCOUNT :

☐ Checking ☐ Savings

7. AUTHORIZED OFFICIAL FOR FINANCIAL INSTITUTION

Title

Telephone Number

()

Signature

Date

TO BE COMPLETED BY PAYEE (APPLICANT)

I have verified all of the above information.

Signature

Date

NOTE: All the above information must be provided and both signatures are required.

X. THE NATIONAL HEALTH SERVICE CORPS CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT DEMONSTRATION PROJECT APPLICATION CHECKLIST

You must initial each item on this **Checklist**, and sign and date the Checklist below. Your signature indicates that you have read this *Bulletin* and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original. No application materials will be returned to applicants.**

An asterisk () below indicates item must postdate October 1, 2002*

- _____ 1. * Completed Application for National Health Service Corps (NHSC) Chiropractor and Pharmacist Loan Repayment Demonstration Project (DEMO), OMB form #0915-0127 (due by June 30, 2003 postmark date).
- _____ 2. * Completed Loan Information and Verification Forms for each loan for which you are seeking repayment assistance from the NHSC DEMO (submitted with application by June 30, 2003 postmark date).
- _____ 3. * Completed Request for Method of Advanced Loan Repayment Form (submitted with application by June 30, 2003 postmark date).
- _____ 4. * Completed Payment Information Form (submitted with application by June 30, 2003 postmark date).
- _____ 5. * Completed NHSC DEMO Community Site Information Form (submitted with application by June 30, 2003 postmark date).
- _____ 6. * Signed and dated NHSC DEMO Contract (submitted with application by June 30, 2003 postmark date).
- _____ 7. Copy of your health professional degree or certificate (submitted with application by June 30, 2003 postmark date).
- _____ 8. Copy of your permanent license in the State in which you intend to practice. If you have not received your license by the time you submit your application, you must submit a copy of your permanent license, postmarked by no later than July 25, 2003. If your license has restrictions, you must also submit a statement explaining the restrictions on your license.
- _____ 9. * Copies of the **FINAL** "Response to Information Disclosure Request" you obtain from the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). To obtain this report, see instructions at Section Q. of this *Bulletin*. If the "Response to Information Disclosure Request" cannot be supplied when the application is submitted, the applicant must submit copies of the **FINAL** NPDB and HIPDB reports to the NHSC Demonstration Project by no later than July 25, 2003 (postmark date). These documents cannot be dated prior to October 1, 2002.
- _____ 10. * Letters of reference from at least two individuals (including your current employer unless you are self-employed) who are in a position to evaluate your *current* clinical skills. If you are self-employed, one of the reference letters must be from the chief of the medical staff or the credentials committee at the hospital where you have admitting privileges (if you are a physician), or from an objective source such as a hospital or clinic credentials committee, a physician with whom you have a collaborative practice agreement, or the director of your training program (if you are not a physician). If you are a student or in a residency program, one reference letter can be from the director of your training program (submitted with the application by June 30, 2003 postmark date).

Reference letters must be written on letterhead and include the following: a statement of the writer's relationship to you; an evaluation of your current clinical skills; the length of time the writer has known you in a professional capacity; and the writer's typed or printed name and telephone number. These documents cannot be dated prior to October 1, 2002.
- _____ 11. Proof of U.S. citizenship or status as a U.S. National (applicable to individuals born outside of the United States, Commonwealth of Puerto Rico, U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, and Swains Island) (submitted with application by June 30, 2003 postmark date).

(Continued on next page)

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**THE NATIONAL HEALTH SERVICE CORPS CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT
DEMONSTRATION PROJECT APPLICATION CHECKLIST (*Continued*)**

- ____ 12. Power-of-Attorney (applicable if you are completing the application on behalf of another person—submitted with application by June 30, 2003 postmark date).
- ____ 13. Signed and dated Biographical Statement (submitted with application by June 30, 2003 postmark date).
- ____ 14. Copy of your national board/licensing examination results (applicable to DCs). If copies of these documents cannot be supplied when the application is submitted, you must submit copies of these documents by no later than July 25, 2003 (postmark date).
- ____ 15. Copy of your current curriculum vitae/resume (submitted with application by June 30, 2003 postmark date).
- ____ 16. Letter from entity to which existing service obligation is owed indicating that the obligation will end on or before September 29, 2003 (applicable to applicants with existing service obligations) submitted with application by June 30, 2003. You must subsequently submit a letter from the entity, by no later than July 25, 2003, verifying that your service obligation has been completed.
- ____ 17. Documentation of status as a member of a Reserve Component of the Armed Forces (applicable to applicants who are reservists -submitted with application by June 30, 2003 postmark date).
- ____ 18. Proof of disadvantaged background from school official (where applicable – submitted with application by June 30, 2003 postmark date).
- ____ 19. Copies of the original loan applications, agreements or statements from the current lender indicating the amount, date of original disbursement, and type of loan (applicable to applicants who have consolidated or refinanced educational loans – submitted with application by June 30, 2003 postmark date).
- ____ 20. I know the current health professional shortage area (HPSA) score for the community site in which I am interested. I understand a funding preference will be given to applicants serving in Primary Care HPSAs of greatest need (based on the HPSA scores). I understand the HPSA score on the date my application is submitted (i.e., date received by the NHSC Demonstration Project) will be used for the FY 2003 award process.
- ____ 21. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand that my complete application must be submitted by no later than June 30, 2003 (postmark date), except that certain items (described above) which will not be available by June 30, 2003, must be submitted by no later than July 25, 2003 (postmark date). If my application is incomplete when initially submitted (except as noted above), it will be returned to me and I will not be considered for an FY 2003 NHSC DEMO contract award. Incomplete applications will not be reconsidered.
- ____ 22. I understand that an NHSC DEMO contract award cannot be part of my employment contract. Community sites do not have any authority to guarantee an NHSC DEMO contract award.
- ____ 23. I understand that the NHSC DEMO contract is not in effect until it is countersigned by the Director of Division of the National Health Service Corps.
- ____ 24. * Initialed, signed, and dated **Checklist**.

I have read the items on this Checklist and I understand them.

NAME (*Please print*)

SIGNATURE

DATE

Y.

CONTRACT

HRSA-861 (4/03)

**NATIONAL HEALTH SERVICE CORPS
CHIROPRACTOR AND PHARMACIST LOAN REPAYMENT DEMONSTRATION PROJECT
FY 2003 CONTRACT**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH PROFESSIONS
DIVISION OF NATIONAL HEALTH SERVICE CORPS**

Section 338L of the Public Health Service Act ("Act") authorizes the Secretary of Health and Human Services ("Secretary") to repay the graduate and/or undergraduate educational loans of applicants selected to be participants in the National Health Service Corps Chiropractor and Pharmacist Loan Repayment Demonstration Project ("Demonstration Project"). In return for these loan repayments, applicants must agree to provide primary health services in a manner determined by the Secretary for a period of obligated service in a Primary Care Health Professional Shortage Area ("HPSA") designated by the Secretary pursuant to section 332 of the Act. An applicant becomes a participant in the Demonstration Project only if this contract is signed by the applicant and by the Secretary's designee.

The terms and conditions of participating in the Demonstration Project are set forth below.

Section A – Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the National Health Service Corps (NHSC) Loan Repayment Program, the Secretary agrees to:

1. Pay, in the amount provided in paragraph 2 of this section, the undersigned applicant's qualifying graduate and/or undergraduate educational loans for actual costs paid for:
 - a. tuition expenses;
 - b. all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the applicant; or
 - c. reasonable living expenses as determined by the Secretary.
 Qualifying graduate and/or undergraduate educational loans consist of the principal, interest, and related expenses of the government and commercial loans received by the applicant for the above-listed expenses leading to a degree in the health profession in which the applicant will serve his or her period of obligated service.
2. Pay \$25,000 annually, for the first 2 years of service; however, if the total amount of the applicant's qualifying educational loans is less than \$50,000, pay one-half of the total qualifying educational loans annually.
3. Provide reimbursement for increased tax liability resulting from participation in the Demonstration Project in an amount equal to 39 percent of the total of loan repayments made for each tax year in which such payments were made.
4. Accept the applicant into the NHSC or release the applicant, pursuant to section 338D of the Act, to enter into full-time private clinical practice of the applicant's health profession in a Primary Care HPSA selected by the Secretary.
5. Make loan repayments for a year of obligated service no later than the end of the fiscal year in which the applicant completes such year of service.

Section B – Obligations of the Applicant

1. The applicant agrees to:
 - a. Accept loan repayments from the Secretary and apply those loan repayments, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.
 - b. Serve his or her period of obligated service by providing primary health services, as determined by the Secretary:
 - i. in the full-time clinical practice (as defined in paragraph iii below) of his or her health profession in the HPSA (designated under section 332 of the Act) to which the applicant is assigned by the Secretary as a member of the NHSC, either as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service, as a civilian employee of the United States, or as an individual who is not an employee of the United States;
 - ii. A full-time clinical practice is defined as a minimum of 40 hours per week. The practice will include hospital care appropriate to meet the needs of patients and to ensure continuity of care. For all health professionals, at least 32 of the minimum 40 hours per week must be

providing clinical services in the ambulatory care setting at the approved practice site, during normally scheduled office hours. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent "on-call" will not count toward the 40-hour week. No more than 7 weeks (35 workdays) can be spent away from the practice for holidays, vacation, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in any given 52-week period will extend the service obligation end date.

- c. Serve in accordance with paragraph b. of this section for two (2) years. Contract extension for additional years may be available under the terms and conditions specified in Section E of the Contract.
- d. Comply with the provisions of Title 42, Code of Federal Regulations, Part 62, Subpart B.

Section C – Breach of Written Loan Repayment Contract

1. If the applicant, for any reason, fails to complete the 2-year period of obligated service, he or she shall be liable to the United States for an amount equal to the sum of:
 - a. the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraphs 2 and 3 of Section A of this Contract for any period of obligated service not served;
 - b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
 - c. interest on the amounts described in (a) and (b) of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;
 except that the amount the United States is entitled to recover shall not be less than \$31,000.
2. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary determines that the applicant is in breach of this written Contract.

Section D – Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this Contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this Contract if the applicant's compliance with the terms and conditions of this Contract is:
 - a. impossible or
 - b. would involve extreme hardship and enforcement would be unconscionable.

Section E – Contract Amendment

1. The applicant may, in accordance with procedures established by the Secretary, request an extension of this Contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Demonstration Project and the NHSC, the Secretary may approve a request for Contract extension in accordance with the Secretary's established policies in effect at the time of the extension.
3. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

Section F – Contract Termination

1. The Secretary may terminate this Contract if, on or before August 17, 2003, the applicant:
 - a. submits a written request to terminate this Contract and
 - b. repays all amounts paid to, or on behalf of, the applicant under Paragraphs 2 and 3 of Section A of this Contract.

The Secretary or his or her authorized representative must sign this Contract before it becomes effective.

Applicant Name (Please Print)

Applicant Social Security Number

Applicant Signature

Date

Secretary of Health and Human Services or Designee

Date

Tear off page along perforation.

z.

DISCIPLINE AND PROFESSIONAL SCHOOL CODES

DISCIPLINE AND PROFESSIONAL SCHOOL CODES		
SCHOOLS OF CHIROPRACTIC MEDICINE (DC)		
<i>Code</i>	<i>Schools</i>	<i>Location</i>
3322	Cleveland Chiropractic College – Kansas City	Kansas City, MO
3323	Cleveland Chiropractic College – Los Angeles	Los Angeles, CA
3325	Life Chiropractic College West	Hayward, CA
3326	Logan College of Chiropractic	Chesterfield, MO
3327	Los Angeles College of Chiropractic of the Southern California University of Health Sciences	Whittier, CA
3328	College of Professional Studies of the National University of Health Sciences	Lombard, IL
3329	New York Chiropractic College	Seneca Falls, NY
3330	Northwestern College of Chiropractic of the Northwestern Health Sciences University	Bloomington, MN
3331	Palmer Chiropractic College (or Palmer College of Chiropractic)	Davenport, IA
3332	Palmer College of Chiropractic West	San Jose, CA
3333	Parker College of Chiropractic	Dallas, TX
3334	Sherman College of Straight Chiropractic	Spartanburg, SC
3335	Texas Chiropractic College	Pasadena, TX
3336	University of Bridgeport College of Chiropractic	Bridgeport, CT
3337	Western States Chiropractic College	Portland, OR
SCHOOLS OF PHARMACY (RX)		
<i>Code</i>	<i>Schools</i>	<i>Location</i>
3321	Auburn University	Auburn University, AL
3338	Samford University	Birmingham, AL
3339	Midwestern University-Glendale Campus	Glendale, AZ
3340	University of Arizona	Tucson, AZ
3341	University of Arkansas for Medical Sciences	Little Rock, AR
3342	Thomas J. Long School of Pharmacy and Health Sciences at the University of the Pacific	Stockton, CA
3343	University of California – San Francisco School of Pharmacy	San Francisco, CA
3344	University of Southern California	Los Angeles, CA
3345	Western University of Health Sciences	Pomona, CA
3346	University of Colorado Health Sciences Center	Denver, CO
3347	University of Connecticut	Storrs, CT
3348	Howard University	Washington, DC
3349	Florida Agricultural and Mechanical University	Tallahassee, FL
3350	Nova Southeastern University	Ft. Lauderdale, FL
3351	Palm Beach Atlantic University	West Palm Beach, FL

SCHOOLS OF PHARMACY (RX) (Continued)		
<i>Code</i>	<i>Schools</i>	<i>Location</i>
3352	University of Florida	Gainesville, FL
3353	Mercer University	Atlanta, GA
3354	South University	Savannah, GA
3355	University of Georgia	Athens, GA
3356	Idaho State University	Pocatello, ID
3357	Midwestern University	Downers Grove, IL
3358	University of Illinois at Chicago	Chicago, IL
3359	Butler University	Indianapolis, IN
3360	Purdue University	West Lafayette, IN
3361	Drake University	Des Moines, IA
3362	University of Iowa	Iowa City, IA
3363	University of Kansas	Lawrence, KS
3364	University of Kentucky	Lexington, KY
3365	University of Louisiana at Monroe	Monroe, LA
3366	Xavier University of Louisiana	New Orleans, LA
3367	University of Maryland	Baltimore, MD
3368	Massachusetts College of Pharmacy and Health Sciences – Boston Campus	Boston, MA
3369	Massachusetts College of Pharmacy and Health Sciences – Worcester	Worcester, MA
3370	Northeastern University	Boston, MA
3371	Ferris State University	Big Rapids, MI
3372	University of Michigan	Ann Arbor, MI
3373	Wayne State University	Detroit, MI
3374	University of Minnesota	Minneapolis, MN
3375	University of Mississippi	University, MS
3376	St. Louis College of Pharmacy	St. Louis, MO
3377	University of Missouri – Kansas City	Kansas City, MO
3378	University of Montana	Missoula, MT
3379	Creighton University Medical Center	Omaha, NE
3380	University of Nebraska Medical Center	Omaha, NE
3381	Nevada College of Pharmacy	Las Vegas, NV
3382	Rutgers, the State University of New Jersey	Piscataway, NJ
3383	University of New Mexico	Albuquerque, NM
3384	Albany College of Pharmacy	Albany, NY
3385	Long Island University	Brooklyn, NY
3386	St. John's University	Jamaica, NY
3387	University at Buffalo	Amherst, NY

SCHOOLS OF PHARMACY (RX) (Continued)		
<i>Code</i>	<i>Schools</i>	<i>Location</i>
3388	Campbell University	Buies Creek, NC
3389	University of North Carolina at Chapel Hill	Chapel Hill, NC
3390	North Dakota State University	Fargo, ND
3391	Ohio Northern University	Ada, OH
3392	Ohio State University	Columbus, OH
3393	University of Cincinnati	Cincinnati, OH
3394	University of Toledo	Toledo, OH
3395	Southwestern Oklahoma State University	Weatherford, OK
3396	University of Oklahoma	Oklahoma City, OK
3397	Oregon State University	Corvallis, OR
3398	Duquesne University	Pittsburgh, PA
3399	Lake Erie College of Osteopathic Medicine	Erie, PA
3400	Nesbitt School of Pharmacy at Wilkes University	Wilkes-Barre, PA
3401	Temple University	Philadelphia, PA
3402	University of Pittsburgh	Pittsburgh, PA
3403	University of the Sciences in Philadelphia	Philadelphia, PA
3404	University of Puerto Rico	San Juan, PR
3405	University of Rhode Island	Kingston, RI
3406	Medical University of South Carolina	Charleston, SC
3407	University of South Carolina	Columbia, SC
3408	South Dakota State University	Brookings, SD
3409	University of Tennessee, Memphis	Memphis, TN
3410	Texas Southern University	Houston, TX
3411	Texas Tech University	Amarillo, TX
3412	University of Houston	Houston, TX
3413	The University of Texas at Austin	Austin, TX
3414	University of Utah	Salt Lake City, UT
3415	Hampton University	Hampton, VA
3416	Shenandoah University	Winchester, VA
3417	Virginia Commonwealth University	Richmond, VA
3418	University of Washington	Seattle, WA
3419	Washington State University	Pullman, WA
3420	West Virginia University	Morgantown, WV
3421	University of Wisconsin-Madison	Madison, WI
3422	University of Wyoming	Laramie, WY

PRINT NAME: _____

FIRST MIDDLE LAST

OLD HOME ADDRESS: _____

City: _____
State: _____ Zip Code: _____
Telephone: (Area Code) _____ (Number) _____

NEW HOME ADDRESS: _____

City: _____
State: _____ Zip Code: _____
Telephone: (Area Code) _____ (Number) _____

E-MAIL ADDRESS: _____

EFFECTIVE DATE OF CHANGE: _____

Check Appropriate Box

☐ I already have an NHSC LRP contract

Social Security Number:

SIGNATURE: _____

LOAN REPAYMENT PROGRAMS BRANCH
NHSC Loan Repayment Program
ADDRESS CHANGE NOTICE

PRINT NAME: _____

FIRST MIDDLE LAST

OLD HOME ADDRESS: _____

City: _____

State: _____ **Zip Code:** _____

Telephone: (Area Code) _____ **(Number)** _____

NEW HOME ADDRESS: _____

City: _____

State: _____ **Zip Code:** _____

Telephone: (Area Code) _____ **(Number)** _____

E-MAIL ADDRESS: _____

EFFECTIVE DATE OF CHANGE: _____

(Please fold on dotted line and tape closed on all three sides)

Check Appropriate Box

☐ I already have an NHSC LRP contract

Contract effective date _____
(month/day/year)

Social Security Number:

See Privacy Act Notification Statement in Bulletin.

SIGNATURE: _____

HRSA-808 (Front)
Rev. 11/02



The Address Change Notice (HRSA-808) card should be retained for future use. Please provide the nine-digit zip code.



**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Health Resources and Services Administration
BHP/DNHSC/AAB
5600 Fishers Lane, Room 8A-55
Rockville MD 20857

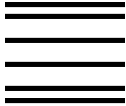
**Official Business
Penalty for Private Use \$300**

PLEASE PRINT NAME AND ADDRESS

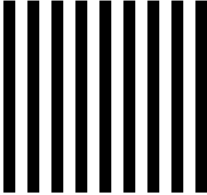
Application and Award Branch

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Health Resources and Services Administration
Rockville MD 20857

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

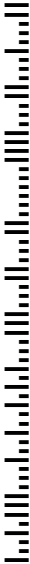


BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 947 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Health Resources and Services Administration
BHP/ DNHSC/AAB
5600 Fishers Lane, Room 8A-55
Rockville, MD 20857



**Your FY 2003 NHSC LRP contract application has
been received by this office.**

Please notify this office of changes in home address,
home telephone number, or e-mail address.

FROM: National Health Service Corps Loan Repayment Program
Application and Award Branch
5600 Fishers Lane, Room 8A-55
Rockville, MD 20857

HRSA-808
Rev. 11/02

Acknowledgement of Receipt of Application

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration, Bureau of Health Professions
Division of National Health Service Corps, Application and Award Branch
5600 Fishers Lane, Rm. 8A-55
Rockville, Maryland 20857

